

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	RSD	1019	04-16-01
FORMALITY REVIEW	KU		
RESPONSE FORMALITY REVIEW			

INDEX OF CLAIMS

Rejected N
 Allowed I
 Canceled A
 Restricted O
 (Through numeral) —

Claim	Date
Final Original 1	5/18/01
Final Original 2	5/18/01
Final Original 3	5/18/01
Final Original 4	5/18/01
Final Original 5	5/18/01
Final Original 6	5/18/01
Final Original 7	5/18/01
Final Original 8	5/18/01
Final Original 9	5/18/01
Final Original 10	5/18/01
Final Original 11	5/18/01
Final Original 12	5/18/01
Final Original 13	5/18/01
Final Original 14	5/18/01
Final Original 15	5/18/01
Final Original 16	5/18/01
Final Original 17	5/18/01
Final Original 18	5/18/01
Final Original 19	5/18/01
Final Original 20	5/18/01
Final Original 21	5/18/01
Final Original 22	5/18/01
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Final Original 24	5/18/01
Final Original 25	5/18/01
Final Original 26	5/18/01
Final Original 27	N
Final Original 28	N
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Claim	Date
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Claim	Date
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Final Original 150	

If more than 150 claims or 10 actions
 staple additional sheet here

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